

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N97000000591**

1. Corporation Name

**DIAMOND LAKE CONDOMINIUM ASSOCIATION A, INC.**

Principal Place of Business

1455 PIPER BLVD  
NAPLES FL 33943

Mailing Address

1455 PIPER BLVD  
NAPLES FL 33943

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90005 030 \*\*\*\*61.25

6 8 607297-90005-30 7 \*



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

65-0769543

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

NAJAR, JACOB  
1455 PIPER BLVD.  
NAPLES FL 33943

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                  |  |
|----------------|------------------|--|
| TITLE          | PD               | <input checked="" type="checkbox"/> DELETE |
| NAME           | NAJAR, JACOB     |  |
| STREET ADDRESS | 1455 PIPER BLVD  |  |
| CITY-ST-ZIP    | NAPLES FL 33943  |  |
| TITLE          | VD               | <input checked="" type="checkbox"/> DELETE |
| NAME           | BERNETT, JAN     |  |
| STREET ADDRESS | 1455 PIPER BLVD  |  |
| CITY-ST-ZIP    | NAPLES FL 33943  |  |
| TITLE          | <del>OFF-D</del> | <input checked="" type="checkbox"/> DELETE |
| NAME           | MARTIN, HARRY    |  |
| STREET ADDRESS | 1455 PIPER BLVD  |  |
| CITY-ST-ZIP    | NAPLES FL 33943  |  |
| TITLE          |                  | <input type="checkbox"/> DELETE            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |
| TITLE          |                  | <input type="checkbox"/> DELETE            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |
| TITLE          |                  | <input type="checkbox"/> DELETE            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>BETTY THURMAN</b>  |
| 1.3 STREET ADDRESS | <b>200 DIAMOND LAKES CIRCLE #3</b>                                |
| 1.4 CITY-ST-ZIP    | <b>NAPLES, FL 34110</b>   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>JEANNE LUX</b>   |
| 2.3 STREET ADDRESS | <b>300 DIAMOND LAKE CIRCLE #6</b>                                 |
| 2.4 CITY-ST-ZIP    | <b>NAPLES, FL 34110</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>MARTIN, HARRY</b>  |
| 3.3 STREET ADDRESS | <b>100 DIAMOND CIRCLE #3</b>                                      |
| 3.4 CITY-ST-ZIP    | <b>NAPLES, FL 34110</b>   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE: HARRIS**

7/31/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)